					SION OF HEALTH - STANDAR	D CERTIFICATE OI			62-01	3695
	RTMEN	17 0	PU1		egistretion District No	Registration District No. 54	Z_Registrar's No. 8	36-	STATE FILE NU	MBER
DO NOT WRITE ON THIS STUB	Al	AENDEC	<b>,</b>	<u> </u>	FILED MAP 2 6 1969					
		11	1	1	a. COUNTY St. Louis	. /	a. STATE MO.	b. COUNTY	ed. If institution:	Residence before admission)
Rev. 4/59	AMENDED				b. CITY (If outside corporate limits, give TOWNSHIP OR	only) Length of stay in 1b	c. CITY OR			Inside Limits
14015				_	richmond Hts.  c. FULL NAME OF (If NOT in hospital, give location)	Inside Limits	TOWN St. Lo		give location)	Yes 🖾 No 🗆
. 2 7/	8 27	_			HOSPITAL OR INSTITUTION St. Mary's Hospi	tal Yes II No 🗆	ADDRESS 4552a	Gibson A	•	Yes 🗆 No 🕰
3	<sup>7</sup> 7	7	-	=;	3. NAME OF DECEASED First (Type or print)	Middle	Last 4. D	ATE Mo	onth Day	Year
4 /				_	MATILDA	<u> </u>	STRAHL DE	вМ нта	ar. 10	1962
5 0		11				Married   Never Married	8. DATE OF BIRTH 9. A	:GE (last birthday) ク2	Months Days	Hours Min.
				10	Da. USUAL OCCUPATION (Give kind of work done 10b	. KIND OF BUSINESS OR INDUSTRY		state or country)	12. CITIZEN OF	WHAT COUNTRY
6	<b>Š</b>		11	<u></u>	during most of working life, even if retired)  Clerk(Retired)Bureau of View FATHER'S NAME	tal Statistics	St. Louis, N		U.S.A	
7 0	FOLLO				Lee Strahl	Lena Mees	•	14. NAME OF		
8/2	AS				5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) [ (if yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	<del></del>	Address	<del></del>
9	ARE (			<u>،</u>	NO NONE  18. CAUSE OF DEATH (Enter only one cause per line		Anna McBrearty	r 4552a G		TERVAL BETWEEN
10	1 ]		VEN.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Perre ton all ( ) an	culon do	neto ha		SET AND SEATH
11	RECORD EAD OF		OCUMEN		IMMEDIATE CAUSE (8)	d -	. 0 0	- v-qu		<del>101   102</del>
124/2-0			ă		Conditions, if any, DUE TO (b) which gave rise to	Habitetin	ne tardio	Under	Jan I	OHOR
13	THIS	44	_		above cause (a), stating the under- lying cause last. DUE TO (c)	0 1	443	3x .	wiQ_	U
46	<b>Z</b>			NO	PART II. OTHER SIGNIFICANT CONDI disease condition given in PA	TIONS CONTRIBUTING TO DEATH	I but not related to the te	rminal -PART	III. If deceased there a pregna	was female w
776	Ş			ICAT	•				☐ Yes <b>2</b> 4	<i></i>
	AMENDMENTS			CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE PERFORMED? YES □ NO TO	HOMICIDE 206. DESCRIBE HOV	V INJURY OCCURRED. (Enter	nature of injury i	n PART I or PART II	of item 18.)
C INK RIBBON	AWE			MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		:			:
_				,	20d. INJURY OCCURRED WHILE AT WORK   10 farm, factor NOT WHILE AT WORK   10 farm, factor	NJURY (e.g., in or about home, 26 y, street, office bldg., etc.)	OF. CITY, TOWN, OR LOCAT	TION	COUNTY	STATE
USE BLAC OR TYPEWRITER	READ				21. I attended the deceased from 12:30	Δ		w her alive on_	4 Ma	nc/yoo
USE PEWI	SHOULD		L.		Death occurred at (Degree of		date stated above, and to the 22b. ADDRESS		Swiedge, from the C	22c. DATE SIGNI
U TYP	SHO		VIT O	 	arch M. aherin	23c; NAME OF CEMETERY OF CREA	3915 Wa	CATION (City, 10)	rick 10	Man 62
	Ö.		AFFIDA		Removal (Specify)  Removal (Specify)  Removal Mar. 13, 1962	S/S Peter & Paul	•	t. Louis,		,,
	ITEM I		_   <u>~</u>	24	4. FUNERAL DIRECTOR ADDRESS	25. DATE		6. REGISTRAR'S		e toogs
	[=]	1	6	<u>K:</u>	riegshauser 4228 S. Kingshig	gnway Blvd. 12	1000	John	a Irrungay	**************************************

## TATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	$\Omega$ . $\Omega$
Signature of Student Embalmer	Signed James R Lune
	Licensed Embalmer No. 4527
	P. O. Address A having Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.